

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township 1st Primary Registration District No. 1007  
 City Manass (No. Wesley Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 36624  
 Registered No. 4557

**2. FULL NAME** Frank Comunale

(a) Residence, No. 218 Olive St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Comunale

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1933, to Nov. 20, 1933

I last saw him alive on Nov. 20, 1933. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3 - 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
31 8 9 17

Strep infection of spinal fluid Date of onset 11-18-33

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. machist  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

36 36  
 Other contributory causes of importance:  
Strep. infection of spinal fluid

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tumo Africa

13. NAME Sam Comunale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

15. MAIDEN NAME Costadia Mades

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Laboratory Were an autopsy? \_\_\_\_\_

17. INFORMANT (ADDRESS) Sam Arnone 3340 Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Notstman, K.C. Mo DATE Nov 22, 1933

19. UNDERTAKER (ADDRESS) Pignatelli Bros K.C. Mo

20. FILED Nov 21, 1933 M. M. Kerow Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19\_\_\_\_  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify none  
 (Signed) J. F. Mackey, M. D.  
 (Address) Manass City, Mo

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

60  
30  
16  
12

1933

